Edgar Filing: Winningham Rick E - Form 4

Winningham	n Rick E										
Form 4											
March 03, 20	011										
FORM	14								OMB AF	PROVAL	
	UNITED) STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th				0 /					Expires:	January 31,	
if no long subject to		MENT O	F CHAN	GES IN BENEFICIAL OWNERSHIP OF SECURITIES				NERSHIP OF		2005	
Section 1								Estimated average burden hours per			
Form 4 c									response 0.		
Form 5 obligatio	n c *						•	e Act of 1934,			
may con				•	•	· ·		1935 or Section	1		
See Instr	uction	30(h)	of the In	vestment	Compan	y Act	t of 194	0			
1(b).											
(Print or Type]	Responses)										
1. Name and Address of Reporting Person _2. IssuerWinningham Rick ESymbol			suer Name and Ticker or Trading ol				5. Relationship of Reporting Person(s) to Issuer				
			THERA	VANCE	INC [TH	IRX]		(Chara)	111:1-1-	`	
(Last)	(First)	(Middle)	3. Date of	f Earliest Ti	ransaction			(Check	k all applicable)	
			n/Day/Year)				X Director 10% Owner				
			2011				X Officer (give below)	title Other (specify below)			
GATEWAY	Y BOULEVARI)						/	Executive Offic	er	
(Street) 4. If Ame				endment, Date Original				6. Individual or Joint/Group Filing(Check			
				nth/Day/Year	-			Applicable Line)	1		
								X Form filed by O			
SOUTH SA								Form filed by M Person	ore than One Ke	porting	
FRANCISC	CO, CA 94080										
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da			3.	4. Securit			5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year) Execution Date, if any (Month/Day/Year)			Code (Instr. 3, 4 and 5)				Securities Beneficially	Ownership Form: Direct	Indirect Beneficial	
(111511. 5)								Owned	(D) or	Ownership	
								Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				a 1 b		or	D :	(Instr. 3 and 4)			
				Code V	Amount	(D)	Price \$				
Common	03/01/2011			S (1)	63,873	D	ф 22.53	613,652	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Stock

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(2)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Winningham Rick E THERAVANCE, INC. 901 GATEWAY BOULEVARD SOUTH SAN FRANCISCO, CA 94080 Signatures	х		Chief Executive Officer				

Rick Winningham 03/03/2011 <u>**</u>Signature of Date Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Dispositions made pursuant to a plan intended to comply with rule 10b5-1(c).
- This transaction was executed in multiple trades at prices from \$22.16 to \$22.87. The price reported above reflects the weighted average
- (2) sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer, full information regarding the number of shares and prices at which the transaction was effected.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.